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FROM• W. John Keyes

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**FOR DELIVERY TO:****EXAMINER LAURA M. SCHILLINGER,****GROUP ART NO. 2813**

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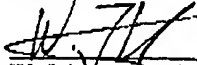
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/645,805	
	Filing Date	April 21, 2003	
	First Named Inventor	Gosain, Dharam Pal; et al.	
	Group Art Unit	2813	
	Examiner Name	L. M. Schillinger	
Total Number of Pages in This Submission		12	
		Attorney Docket Number	09792909-5657

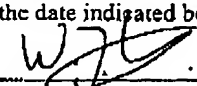
ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith in Amendment A. <input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	14	-	20	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	2	-	3	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$84.00	\$0
APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0	
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by 3 month(s) to for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.						
<input type="checkbox"/> The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$ _____ covers the extension and claim fees.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263 <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Dated: September 1, 2005</div> <div>             W. John Keyes, (Registration No. 54,218)         </div> </div>						

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being sent via Facsimile to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below.	
Dated: September 1, 2005	 W. John Keyes, (Registration No. 54,218)

11936549

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/645,805
	Filing Date	April 21, 2003
	First Named Inventor	Gosain, Dharam Pal, et al.
	Group Art Unit	2813
	Examiner Name	L. M. Schillinger
Total Number of Pages in This Submission		12
Attorney Docket Number		09792909-5657

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith in Amendment A. <input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	14	-	20	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	2	-	3	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$84.00	\$0
APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by 3 month(s) to for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321. <input type="checkbox"/> The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check. <input type="checkbox"/> The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check. <input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$ _____ covers the extension and claim fees. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263 <div style="text-align: right;">             W. John Reyes, (Registration No. 54,218)         </div>						
Dated: September 1, 2005						

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Dated: September 1, 2005	 W. John Reyes, (Registration No. 54,218)

11936549

Application No. 10/645,805

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Our Case No. 09792909-5657

**SEP 02 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Gosain, Dharam Pal, et al.

Serial No.: 10/645,805

Filed: August 21, 2003

For: METHOD OF PRODUCING  
CRYSTALLINE SEMICONDUCTOR  
MATERIAL AND METHOD OF  
FABRICATING SEMICONDUCTOR  
DEVICE

Case No.: 09792909-5657

Examiner: Schillinger, L. M.

Group Art Unit: 2813

Confirmation No. 8039

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sent via Facsimile to Examiner L. M. Schillinger,  
Group Art Unit No. 2813:Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on:Date of Deposit: 9/1/05, 2005W. John Keyes  
W. John Keyes Registration No. 54,218**AMENDMENT A**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This amendment is submitted in response to the Office Action of June 2, 2005.  
Applicants respectfully request reconsideration in view of the remarks presented herein.